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CONFIRMATION NO. 6225

<b>SERIAL NUMBER</b> 10/645,014	<b>FILING OR 371(c) DATE</b> 08/21/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 10527-396001
<b>APPLICANTS</b> Douglas A. Devens JR., St. Paul, MN; <b>** CONTINUING DATA *****</b> <i>None</i> <b>* FOREIGN APPLICATIONS *****</b> <i>None</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/17/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials <u>                    </u>		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 22	<b>TOTAL CLAIMS</b> 25
		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> 26161				
<b>TITLE</b> Multilayer medical devices				
<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	